

State of Hawaii
Department of Public Safety
Health Care Division

Request for Proposals

RFP No.: PSD 14-HCD-59

MOBILE DENTISTRY SERVICES FOR THE KULANI CORRECTIONAL FACILITY

Date Issued: APRIL 25, 2014

Proposal Submittal Deadline: May 23, 2014

Orientation Session: May 2, 2014, 10:00 a.m., HST

919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

April 25, 2014

**REQUEST FOR PROPOSALS
RFP No.: PSD 14-HCD-59**

**MOBILE DENTISTRY SERVICES
FOR THE
KULANI CORRECTIONAL FACILITY**

NOTICE

The Department of Department of Public Safety, Health Care Division, is requesting proposals from qualified applicants to provide general dental services to inmates detained in the State's correctional institutions. This RFP is primarily for dental services provided at the Kulani Correctional Facility on the island of Hawaii. The contract term will be for a twenty-one month period commencing on the date indicated on the Notice to Proceed. A single contract will be awarded under this request for proposals.

Proposals must be postmarked by US mail before midnight on May 23, 2014 or hand delivered by 4:30 p.m., Hawaii Standard Time (HST) at the drop off site that is designated on the following page.

Proposals postmarked after midnight on May 23, 2014 or hand delivered after 4:30 p.m. HST on May 23, 2014 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The Health Care Division will conduct an orientation on May 2, 2014 at 10:00 a.m., HST, at 919 Ala Moana Boulevard, Room 413, Honolulu, Hawaii 96814. Prospective applicants not able to attend the meeting on Oahu, may call-in at:

Dial-in Number:	(712) 432-1212
Meeting ID:	915-679-417

The deadline for submission of written questions is 4:30 p.m. HST on May 6, 2014. All written questions will receive a written response from the State by May 8, 2014. Inquiries regarding this RFP should be directed in writing to the RFP Contact Person, Mr. Marc Yamamoto at 919 Ala Moana Blvd., Room 413, or at marc.s.yamamoto@hawaii.gov.

SUBMITTAL DEADLINE

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by May 23, 2014 to the mail-in address and received no later than ten days from the

submittal deadline. Hand delivered proposals shall be received no later than May 23, 2014, 4:30 p.m., Hawaii Standard Time (HST) at the drop-off sites.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

**MAIL-INS: Department of Public Safety
Administrative Services Office – Purchasing and Contracts
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814**

HAND DELIVERIES (DROP-OFF SITES):

Department of Public Safety
Administrative Services Office – Purchasing and Contracts
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

**Applicants are encouraged to attend the Orientation Meeting.
(See Section 1)**

INQUIRIES

Any inquiries regarding this RFP should be directed in writing to the RFP contact person:

contact name: Marc S. Yamamoto
address: 919 Ala Moana Boulevard, Room 413
 Honolulu, Hawaii 96814
e-mail: marc.s.yamamoto@hawaii.gov

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Section 1

Administrative Overview

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	<u>04/25/2014</u>
RFP orientation session	<u>05/02/2014</u>
Due date for written questions	<u>05/06/2014,</u> <u>4:30 p.m.,</u> <u>HST</u>
State purchasing agency's response to written questions	<u>05/08/2014</u>
Proposal submittal deadline	<u>05/23/2014</u>
Proposal evaluation period	<u>05/27/2014</u> To <u>06/06/2014</u>
Final revised proposals (optional)	<u>05/29/2014</u>
Provider selection	<u>06/04/2014</u>
Notice of statement of findings and decision	<u>06/09/2014</u>
Contract start date	<u>07/01/2014</u>

1.2 Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

For		Click on "Doing Business with the State" tab or
1	Procurement of Health and Human Services	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2	RFP website	http://hawaii.gov/spo/general/procurement-notice-for-solicitations
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4	Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5	Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6	Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7	Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

For	Go to
8 Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9 Department of Taxation	http://hawaii.gov/tax/
10 Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11 Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click "Business Registration"
12 Campaign Spending Commission	http://hawaii.gov/campaign

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal application by a prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into 5 sections:

Section 1, Administrative Overview - The procurement process; requirements for awardees.

Section 2, Service Specifications - Services to be delivered, applicant responsibilities, requirements for the proposal application.

Section 3, Proposal Application – General and specific instructions for proposal application submission.

Section 4, Evaluation - The method by which proposal applications will be evaluated.

Section 5, Attachments - Information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Public Safety
Health Care Division
919 Ala Moana Boulevard, Room 407
Honolulu, Hawaii 96814

Mr. Wesley Mun, or his designee
Telephone: (808)587-2536
Facsimile: (808) 587-3378

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Department of Public Safety
Administrative Services Office – Purchasing and Contracts
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

Marc Yamamoto
e-mail address: marc.s.yamamoto@hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date:	5/2/2014	Time:	10:00 am, HST
Location:	919 Ala Moana Boulevard, Room 413 Honolulu, Hawaii 96814		

Prospective applicants not able to attend the meeting on Oahu, may call-in at:

Dial-in Number:	(712) 432-1212
Meeting ID:	915-679-417

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit written questions to the RFP Contact Person identified in subsection 1.6. Written question should be received by the date and time specified in the procurement schedule in subsection 1.1. The purchasing agency will respond to written questions by way of an addendum to the RFP.

1.9 Discussions with Applicants

Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements prior to the submittal deadline. Discussions may also be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR §3-143-403.

1.10 Multiple or Alternate Proposals

Multiple/alternate proposals are not applicable to this RFP.

1.11 Confidential Information

If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support

confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and will not be withheld.

1.12 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at the designated location(s), proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

1.13 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.14 Public Inspection

Procurement files shall be open to public inspection after contracts have been awarded and executed by all parties.

1.15 RFP Addenda

The State reserves the right to amend this RFP at any time prior to the-closing date for final revised proposals.

1.16 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final revised proposal.

1.17 Cancellation of Request for Proposals

The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with HAR §3-143-613.

1.18 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.19 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

☐ are required

☒ are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with HAR §§3-142-202, 3-142-203.

1.20 Rejection of Proposals

A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons:

- 1) Failure to cooperate or deal in good faith (HAR §3-141-201);
- 2) Inadequate accounting system (HAR §3-141-202);
- 3) Late proposals (HAR §3-143-603);
- 4) Inadequate response to request for proposals (HAR §3-143-609);
- 5) Proposal not responsive (HAR §3-143-610(a) (1));
- 6) Applicant not responsible (HAR §3-143-610(a) (2)).

1.21 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.22 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.1, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Ted Sakai	Name: Teresita V. Fernandez
Title: Director	Title: Acting Business Management Officer
Mailing Address: 919 Ala Moana Boulevard, Room 400 Honolulu, Hawaii 96814	Mailing Address: 919 Ala Moana Boulevard, Room 413 Honolulu, Hawaii 96814
Business Address: Same as above.	Business Address: Same as above.

1.23 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

1.24 Hawaii Compliance Express (HCE)

All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to **subsection 1.2**, Website Reference, for HCE's website address.

- A. **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from DOTAX and the IRS. (See subsection 1.2, Website Reference for DOTAX and IRS website address.)
- B. **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating

to workers' compensation, unemployment compensation, payment of wages, and safety. (See subsection 1.2, Website Reference for DLIR website address.)

- C. **DCCA Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See subsection 1.2, Website Reference for DCCA website address.)

1.25 Wages Law Compliance

If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)

1.26 Campaign Contributions by State and County Contractors

HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to HRS §11-355. (See subsection 1.2, Website Reference for Campaign Spending Commission website address.)

1.27 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Section 2

Service Specifications

2.1 Overview, Purpose or Need, and Goals of Service

The Department of Public Safety, Health Care Division is responsible for the provision of health care to the individuals who are incarcerated throughout the State of Hawaii. This includes medical, dental and mental health services. The Department is anticipating the reopening of the Kulani Correctional Facility (KCF) on July 7, 2014. The average inmate population anticipated at the KCF will be 200. The KCF facility houses male sentenced felons of a minimum custody level.

The Department of Public Safety, Health Care Division requires the provision of mobile dentistry for the KCF facility. The routine dental services required will meet the Department's Oral Care policy and procedure as well as the National Commission on Correctional Health Care Dental standards.

The service provider shall provide an on site dental clinic at KCF in a location that may not have direct access to running water. The services involve general dentistry and a variety of acute and chronic oral health problems, including but not limited to restorative and prophylactic services. Inmate patients are screened and referred by the facility nurses.

The Health Care Division will provide the clinical space. The service provider will provide all of the necessary equipment and dental supplies. The service provider shall record all evaluations, dental care, and treatments provided in the patients' individual facility dental records and at a later to date onto the Department's Electronic Health Record. The service provider shall be subject to the policies and procedures of the Health Care Division.

2.2 Planning Activities

Due to no changes in the nature or circumstances of the services for this solicitation, a waiver pursuant to Hawaii Administrative Rules, §3-142-202(e) was obtained from the head of the purchasing agency.

2.3 Demographics and Funding

Target population to be served:	<u>Inmates detained in the KCF.</u>
Geographic coverage of service:	<u>Kulani Correctional Facility on the island of Hawaii.</u>

Probable funding amounts, source, and period of availability:

The funds allocated for this contract is \$72,000 for each year of the contract, subject to the availability of funds thereafter.

2.4 Contract Award and Term

Single or multiple contracts to be awarded (HAR §3-143-206):

☒ **Single** ☐ **Multiple** ☐ **Single & Multiple**

Criteria for multiple awards:

Term of Contract(s)

Initial term:	<u>July 1, 2014 to March 31, 2016</u>
Length of each extension:	<u>Not applicable.</u>
Number of possible extensions	<u>None</u>
Maximum length of contract:	<u>Twenty-one months.</u>

Conditions for Extension: No extensions are planned.

2.5 Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: none.

2.6 Service Activities

1. Service provider shall provide dental services at a minimum of two (2) days a month to inmates at the following facilities on the island of Hawaii.

Kulani Correctional Facility (KCF)
HC-01 Stainback highway
Hilo, Hawaii 96720

Point of Contact: TBD, Clinical Section Administrator KCF
Phone: TBD

2. Service provider shall:

- a. Provide general dental services and education related to oral health and hygiene according to *the Department of Public Safety, Health Care Division, Policy and Procedures for Oral Care* attached hereto as Attachment C.
- b. Examine and diagnose dental and oral diseases.
- c. Render indicated treatment for oral and dental diseases, including but not limited to oral diagnoses, dental prostheses, restorative dentistry, oral surgery, treatment of pain and infection in the oral cavity, taking of x-rays, and prescription medications according to the Department of Public Safety policies and procedures.
- d. Document and maintain records of all care and treatment rendered according to the Department of Public Safety format.
- e. Contractor shall be responsible for payment on all specialty referrals.
- f. Contractor shall provide the dental services associated with dental prostheses and will invoice the State for reimbursement for any Laboratory fees related to the fabrication of the prostheses. Patients will be required to complete the Prosthesis Purchase Agreement form per *the Department of Public Safety, Health Care Division, Policy and Procedures for Prostheses* attached hereto as Attachment D.
- g. Develop and implement infection control practices in compliance with OSHA and HIOSH guidelines. Including the use of standard precautions, personal protective devices and the proper wrapping, cleaning and sterilization of non-disposable dental equipment and instruments including performing monthly autoclave spore testing.
- h. Administer and maintain the Inmate Medical Co-Payment Plan as it pertains to dental services per *the Department of Public Safety, Health Care Division, Policy and Procedures for Inmate Medical Co-Payment Plan* attached hereto as Attachment E.
- i. Conduct regular sharps counts and monthly tool inventory counts per *the Department of Public Safety, Health Care Division, Policy and Procedures for Tool/Equipment Control* attached hereto. Provide documentation of above counts to the Clinic Services Administrator.
- j. Be familiar with and adhere to the Department's policies and procedures relating to Oral Care.

3. The service provider shall receive general supervision from the Department's Corrections Health Care Administrator.
4. Lockdowns
 - a. Scheduled Lockdowns: Service provider will be notified in advance of scheduled lockdowns. Service provider shall arrange with the facility's health care section to have patients called out ahead of the scheduled lock down, so that dental services will be provided on a continuous basis.
 - b. Unscheduled Lockdowns: The service provider shall be paid for a minimum of two (2) hours show-up time, but shall be required to utilize this time by doing internal audits on dental procedures and documentations.
5. Travel Time. Service provider shall not be paid for travel time.
6. Service provider shall sign in and out on the attendance sheet at each health care section. Time submitted shall be verified against this sheet.
7. Additional Hours. Dentist shall work only the allocated hours for each facility. Written permission from the Health Care Administrator shall be obtained before working additional hours.

2.7 Qualifications

A. Experience , Organization, and Personnel

1. Applicants shall have:
 - a. A DDS or DMD degree;
 - b. A current Hawaii dental license;
 - c. Practice experience in an institutional setting, preferred but not required;
 - d. Experience in correctional dentistry, preferred but not required (significant correctional dentistry experience during training will be considered); and
 - e. A minimum of two recent references.
2. Service provider shall be responsible for providing all necessary equipment and dental supplies necessary for providing dental services to inmates at the KCF on the island of Hawaii. Applicant shall show proof of availability of portable dental equipment.
3. Service provider shall not be an employee of the State of Hawaii, Department of Public Safety.

4. The Provider shall notify each of its employees as well as employees of any subcontractors who provide services to any person committed to the custody of the Director of Public Safety for imprisonment pursuant to Chapter 706, Hawaii Revised Statutes (HRS), including a probationer serving a term of imprisonment pursuant to Section 706-624(2)(a), HRS and a misdemeanor or petty misdemeanor sentenced pursuant to Section 706-663, HRS, about the Hawaii Revised Statutes Section 707-731 relating to sexual assault in the second degree and Section 707-732, relating to sexual assault in the third degree. In addition, the Provider and any subcontractor shall maintain in each of the aforementioned employees and employees of any subcontractors' file, written documentation that the employee has received notice of the statutes.
5. The Provider shall employ staff that is suitable to deal with these offenders. The Provider shall not use persons currently serving a criminal sentence, including any on furlough from a correctional facility, on probation, on parole, or under the terms of a DAG/DANC plea. Any employee with a criminal history shall be subject to review and approval by the Department. The Department of Public Safety will review and agree to the employment of the service provider's staff and sub-providers, in writing. Upon request, the Provider shall submit any information necessary to determine whether approval will, at the discretion of the Department, be granted. Any changes to staff shall be subject to the prior written approval of the Department.

B. Administrative

1. Service provider shall operate their program in accordance with the rules, regulations, and policies of the Department of Public Safety.
2. Service provider is required to meet the qualifying requirements specified in Chapter 103F, Hawaii Revised Statutes.
3. Service provider shall maintain and show proof of a liability insurance policy of at least one million dollars. The Department of Public Safety shall be named as an additional insured and shall be notified at least thirty (30) days prior to cancellation.
4. Service provider shall provide upon award and annually thereafter, in February submit to the Corrections Health Care Administrator (CHCA) a copy of the current dental license, DEA certificate, and CPR certification for any dental providers servicing the contract. The Service provider will provide these credentials to the CHCA prior to their first assignment for additional dental providers that may be added to service this contract and then as existing licenses and certificates are renewed. The Health Care Division requires that all current credentials be maintained in its files.

2.8 Pricing Structure

Pricing Structure Based on Unit of Service – Negotiated

Pricing shall be based on a fee schedule/unit of service pricing structure or a capitated, per patient per month rate, for services described in the Department of Public Safety's Policies and Procedures relating to Oral Care, Attachment C. The rates submitted shall be subject to negotiation.

Service provider shall submit monthly itemized invoices, original and three copies, which documents the facility visit and provides the details of the following:

1. Inmate name;
2. Facility of inmate;
3. Procedures completed;
4. Date of the procedure.

The service provider shall not be compensated for downtime. However, once a visit is scheduled, the nurse supervisor shall make every effort to ensure that enough inmate patients are available on the list.

If a lockdown is scheduled, the visit will be rescheduled and the service provider shall be notified in a timely manner. The service provider shall check with the facility before reporting in to work in case of an unscheduled lockdown.

2.9 Other

Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Statements regarding litigation will not carry any point value but are required.

2.10 Reporting Requirements for Program and Fiscal Data

- a. Service provider shall ensure that an informed consent Form DOC 0427 be completed and signed by the inmate prior to *any dental procedures such as tooth extractions, root canal therapy, or other surgical procedures are performed per the Department of Public Safety, Health Care Division, Policy and Procedures for Informed Consent*

- b. Service provider shall ensure that the facility nurse records on Form DOC 0417, "Refusal to Consent to Medical or Surgical Treatment", (Attachment D) any inmate's refusal for treatment.
- c. Service provider shall submit quarterly reports of dental services rendered using Form DOC 0431b. As an alternative the service provider may submit three months of Dental Statistics Monthly reports on a quarterly basis with a written summary. This report is due by the end of the first month following the end of the quarter. Failure to comply with the reporting timeframe may result in a fine of \$50.00/day until the report is received. Any incurred fines shall be deducted from service provider's service payment.
- d. Service provider shall perform monthly autoclave spore count testing. This test result shall be submitted to the facility Clinical Section Administrator. This report is due by the end of the month following the month tested. Failure to comply with the reporting timeframe may result in a fine of \$25.00/day until the report is received. Any incurred fines shall be deducted from the service provider's service payment.

2.11 Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- Timeliness of access to dental services - no patient will wait longer than 2 weeks for the evaluation and treatment of an acute dental problem such as a toothache, potential infection or acute pain.
- Timeliness of access to routine dental services such as x-rays, fillings, oral examinations, and dental appliance repair – no patient should wait longer than 8 weeks to receive routine services.
- Timeliness of access to appliance fabrication- patients requiring appliance fabrication shall wait not longer than 8 weeks to begin the fabrication process.

Compliance with these criteria will be monitored by the Clinical Section Administrator through monthly observation of dental appointment lists and patient requests for dental services to assure waitlist times are within the above parameters

Section 3 Proposal Application

3.1 Instructions for Completing and Submitting Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*
- *The proposal application documents shall be submitted in the following order:*

Proposal Application Identification Form (SPO-H-200)

Table of Contents- Include a listing of all documents included in the application.

Proposal Application Short-Form 1

- 1.0 Qualification
 - A. Experience
 - B. Organization
 - C. Personnel
 - D. Facilities
- 2.0 Pricing
- 3.0 Other
 - A. Litigation
- 4.0 Attachments

3.2 Specific Proposal Application Instructions

3.2.1 Qualifications

A. Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

B. Organization

Not applicable.

C. Personnel

Not applicable.

D. Facilities

Not Applicable

E. Service Delivery

The Service Delivery Section shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

Please discuss and attach sample reports indicating the dental work provided to each inmate. This report shall be provided to the Department on a timely basis.

3.2.2 Pricing

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

Pricing Structure Based on Negotiated Unit of Service Rate

In order to determine a price (unit rate) for a unit of service, the applicant and state purchasing agency negotiate the total costs (including agency administration) for operating a program at a specific capacity and divide by the total number of units of service that the program can produce at that capacity.

Applicant shall submit a fee schedule by procedure or an estimated fee to provide the services listed under Attachment C. All rates shall include all costs associated with carry out the terms of the contract, and all applicable taxes. The State reserves the right to negotiate with the applicant on any or all fees proposed.

All budget forms, instructions and samples are located on the SPO website (see the POS Proposal Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the POS Proposal Application:

Budget forms are not required with this RFP.

3.2.3 Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. (*Statements regarding litigation will not carry any point value but are required.*)

Section 4

Proposal Evaluation

4.1 Evaluation Process

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

4.2 Evaluation Criteria

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to the attached when upon completion of the evaluation process

4.1.1 Qualifications - Evaluation Criteria (100 total points)

A. Experience (20 points)

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

B. Service Delivery (40 points)

- Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application.

4.1.2 Pricing - Evaluation Criteria (40 points)

Pricing structure based on negotiated unit of service rate

- Competitiveness and reasonableness of unit of service rate, as applicable
- Applicants proposal budget is reasonable, given program resources and operational capacity.

Section 5 Attachments

Attachment

Document

- | | |
|----|--|
| A | Competitive POS Application Checklist |
| B | POS Proposal Application - Sample Table of Contents |
| C | Department of Public Safety, Health Care Division, Policy and Procedures for Oral Care. |
| D. | Department of Public Safety, Health Care Division, Policy and Procedures for Prostheses. |
| E. | Department of Public Safety, Health Care Division, Policy and Procedures for Inmate Medical Co-Payment Plan. |
| F. | Department of Public Safety, Health Care Division, Policy and Procedures for Tools/Equipment Control. |
| G. | Department of Public Safety, Health Care Division, Policy and Procedures for Informed Consent. |

Proposal Application Checklist

Applicant: _____

RFP No.: **PSD 14-HCD-59**

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state-purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Certificate of Liability Insurance			With Proposal	


Authorized Signature

Date

SAMPLE

Proposal Application Table of Contents

I.	Program Overview	1
II.	Experience and Capability	1
A.	Necessary Skills	2
B.	Experience	4
C.	Quality Assurance and Evaluation	5
D.	Coordination of Services	6
E.	Facilities	6
III.	Project Organization and Staffing	7
A.	Staffing	7
1.	Proposed Staffing	7
2.	Staff Qualifications	9
B.	Project Organization.....	10
1.	Supervision and Training	10
2.	Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery	12
V.	Financial	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
A.	Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
B.	Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
C.	Organization Chart	
	Program	
	Organization-wide	
D.	Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
E.	Program Specific Requirement	

	DEPARTMENT OF PUBLIC SAFETY		EFFECTIVE DATE: 05/12/2003	POLICY NO.: COR.10.1E.06
	CORRECTIONS ADMINISTRATION		SUPERSEDES (Policy No. & Date): COR.10D.15 01/09/98	
	POLICY AND PROCEDURES			
SUBJECT: ORAL CARE			Page 1 of 5	
No. 2003-468				

1.0 PURPOSE

To provide oral care to inmates under the direction and supervision of a dentist licensed in the State.

2.0 REFERENCES AND DEFINITIONS**.1 References**

- a. HRS, Section 26-14.6, Department of Public Safety, and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care Standards for Prisons and Jails, (2003), Oral Care.
- c. American Dental Association.
- d. American Correctional Association Standards for Adult Local Detention Facilities, (1991), dental Screening and Examination.
- e. Department of Public Safety Policy and Procedures Manual, COR.10A.16, Inmates Requesting Private Medical Care Provider.
COR.10.1G.11, Prostheses
COR.10.1H.05, The Transfer of Medical Records.

.2 Definitions

- a. Universal Dental Recording System: A mean of identifying teeth by number.
- b. Prosthetics: Artificial devices to replace missing body parts; in this case, dentures, bridges, etc.

3.0 POLICY

- .1 Dental examinations and treatments for inmates shall be performed by, and under the direction and supervision of, a dentist licensed to practice in the State of Hawaii.

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		EFFECTIVE DATE: 05/12/2003
		Page 2 of 5

- .2 Dental care of inmates shall be timely and includes immediate access for urgent or painful conditions. The inmate's serious urgent and emergent dental needs shall be met.

4.0 PROCEDURES

- .1 Dental screening of newly admitted inmates shall occur within fourteen (14) days of admission into the Department of Public Safety (PSD) jail facilities and seven (7) days after admission to prison facilities. Inmates who transfer from one PSD facility to another who received a dental screen while at the sending facility do not require a new screening at the receiving facility if the documentation in the dental record is received within the 14 to 7 days respectively.
- .2 The dental screening shall include visual observation of the teeth and gums, noting any gross abnormalities which require immediate referral to a dentist. Health staff with documented training by a dentist can perform dental screens. The screening shall be recorded in the dental record.
- .3 Instructions in oral hygiene and preventive oral education are given within one (1) month of admission by a dentist, dental hygienist, or health staff with documented training by a dentist.
- .4 A dentist shall perform a dental examination on all inmates within thirty (30) days of admission to a PSD prison facility and within one (1) year of admission to a PSD jail facility. Inmates who transfer from one PSD facility to another who received a dental screen while at the sending facility do not require a new examination at the receiving facility if the documentation in the dental record transfers with the inmate.
- Inmates who are re-admitted and who received a dental examination and treatments within the past year do not require a new examination unless so determined by the supervising dentist.
- .5 Dental examinations shall include taking the patient's dental history, and extraoral head and neck examination, charting of teeth and examination of hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination. The examination results shall be recorded on Form DOC 0424 Dental Examination (Attachment A) utilizing a number system, such as the Universal Dental Recording System (e.g., 1-32, A -T).

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- .6 Oral treatment shall be prioritized for emergencies, acute injuries to the teeth, acute injuries to the oro-facial complex, infection control, pain management, proper mastication and maintaining the patients' health status.
- .7 Bitewing x-rays and additional radiographs may be taken at the time of the patient's first treatment appointment and thereafter as indicated.
- .8 Each inmate shall have access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the needs of the individual.
- .9 Extractions shall be performed in a manner consistent with community standards of care and adhering to the American dental association's clinical guidelines. Extractions are limited to the following:
 1. Non-restorable teeth;
 2. Periodontally compromised teeth; and
 3. Severe, acute or chronic infection.

Informed patient consent for extractions is required on DOC 0427, Consent to Operation, Post Operative Care, medical Treatment, Anesthesia or Other Procedure (Attachment B).
- .10 Inmates can seek private dental care at their own expense under COR.10A.16, Inmates Requesting Private Medical Care Provider. For security reasons, dental staff should encourage the private provider to come to the facility to provide the services. Approval for private provider care must be approved by the Correctional Health Care Administrator or designee.
- .11 Medical reviews of any inmates to be transferred to another correctional facility shall include consideration of any pending dental work. Should an inmate's pending transfer involve a facility at which an institutional dentist is not readily available and the inmate has major uncompleted dental work pending, the inmate shall not be transferred until dental services have been completed.
- .12 All dental records shall be confidential. These records shall be maintained for all patients and shall include as indicated the:

COR P & PM	SUBJECT: ORAL CARE	POLICY NO.: COR.10.1E.06
		EFFECTIVE DATE: 05/12/2003
		Page 4 of 5

- a. Dental Treatment Record, DOC 0409 (Attachment C).
 - b. Dental Health Questionnaire, DOC 0411 (Attachment D).
 - c. Refusal to consent to Medical/Surgical Treatment/Medication, DOC 0417 (Attachment E).
 - d. Dental Examinations.
 - e. Consent to Operation, Post Operative..., DOC 0427, (Attachment B).
 - f. Perio Chart.
 - g. Dental Problem Sheet, DOC 0475 (Attachment F).
 - h. Medical Needs Memo, DOC 0449 (Attachment G).
 - i. Consultation Record, doc 0406 (Attachment H).
 - j. X-rays.
- .13 When an inmate transfers to another PSD facility, the dental record shall be packed with the medical record and transferred according to P & P COR.10E.03, The Transfer of Medical Records.
- .14 Dental records shall be notated in S-O-A-P or problem oriented format. All notes shall include the client's complaint, the examination, the diagnostic impression, and the treatment and treatment plans.
- .15 Form DOC 0406 Consultation Record shall accompany the inmate to an outside dental referral. DOC 0406 will also be used when a dental consultant comes to the facility. The Consultation Record and the consultant's report shall be filed in the Consultation Index of the medical record. A copy of the consultation Record and consultant's report shall be filed in the dental record.
- .16 All dental staff shall practice universal infection controls and infection controls. Infection control practices are defined by the American Dental Association and the Centers for Disease control and Prevention as including sterilizing

COR P & PM	SUBJECT: ORAL CARE	POLICY NO.: COR-10.1E-06
		EFFECTIVE DATE: 05/12/2003
		Page 5 of 5

instruments, disinfecting equipment, and properly disposing of hazardous waste.

No inmate shall be denied dental treatment because of an infectious condition.

- .17 Reviews of dental services will be included in the PSD health services quality assurance program as described in P & P COR.10A.05, Quality Improvement Program.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Kay A. Bauman
Medical Director
5/21/03
Date

Verly J.
Correctional Health Care Administrator
4/3/03
Date

Frank D. Dwyer
Deputy Director for Corrections
5.10.03
Date

APPROVED:

James L. Lipke
Director
5/12/03
Date

CATEGORY CLASSIFICATION: _____



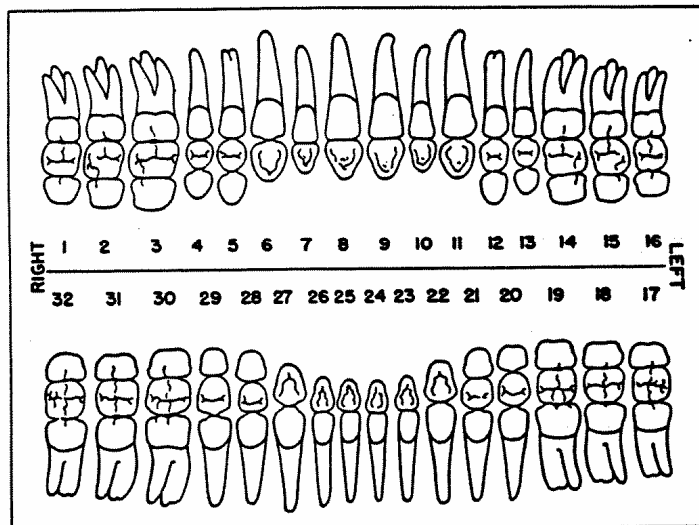
FACILITY _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
DENTAL EXAMINATION**

NAME _____ D.O.B. _____ SSN _____

Date Admitted _____ Exam Date _____

Medical Alert _____



Classifications:

Plaque _____

Stain _____

Calculus deposits _____

Slight _____ Mod _____ Severe _____

Gingiva _____

Recession _____

Periodontal Condition _____

Prosthetics: FUD FLD PUD PLD _____

B. EXTRAORAL INSPECTION

Normal | Abnormal

COMMENTS: _____

Face

Head

Neck

Lymph Nodes

TMJ

C. ORAL INSPECTION

Lips

Vestibule

Mucosa

Pharynx

Tonsils

Gingiva

Palate

Tongue

Floor of the Mouth

Attachment B

CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA, OR OTHER PROCEDURE Patient: _____ SSN: _____ DOB: _____ Facility: _____ Date: _____

You have the right and obligation to make decisions concerning your health care. The physician must provide you with the information and advice concerning the proposed procedure so that you can make an informed decision.

(1) Explain the nature of the condition(s) in professional and ordinary language. Any section below which does not apply to the proposed treatment may be crossed out. All sections crossed out must be initialed by both the physician and the patient.

PROFESSIONAL: _____

ORDINARY LANGUAGE: _____

AT _____

(2) Describe procedures(s) to be performed in professional and ordinary language, if appropriate.

PROFESSIONAL: _____

ORDINARY LANGUAGE: _____

AT _____

(3) I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia, or other procedure, unforeseen conditions may necessitate my above-named physician and his or her assistants, to perform such surgical or other procedures as are necessary to preserve my life and bodily functions.

(4) I have been informed that there are many significant risks, such as severe loss of blood, infection, cardiac arrest and other consequences that can lead to death or permanent or partial disability, which can result from any procedure.

(5) No promise or guarantee has been made to me as to result or care.

(6) I consent to the administration of (general, spinal, regional, local) anesthesia by my attending physician, by an anesthesiologist, a nurse anesthetist, or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks that may result in complications and possible serious damage to such vital organs as the brain, heart, lungs, liver and kidney.

These complications may result in paralysis, cardiac arrest and related consequences or death from both known and unknown causes.

(7) I consent to the use of transfusion of blood and blood products as deemed necessary. I have been informed of the risks which are transmission of disease, allergic reactions, and other unusual reactions.

(8) Any tissue or part surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice.

(9) Any additional comments may be inserted here:

(10) I have had the opportunity to ask questions about this form.

FULL DISCLOSURE

[] I AGREE TO AUTHORIZE THE PROCEDURE DESCRIBED ABOVE AND I AGREE THAT MY PHYSICIAN HAS INFORMED ME OF THE:

- DIAGNOSIS OR PROBABLE DIAGNOSIS.
- NATURE OF THE TREATMENT OR PROCEDURE RECOMMENDED.
- RISKS OR COMPLICATIONS INVOLVED IN SUCH TREATMENT OR PROCEDURES.
- ALTERNATIVE FORMS OF TREATMENT, INCLUDING NON-TREATMENT, AVAILABLE.
- ANTICIPATED RESULTS OF THE TREATMENT.

Patient/Other Legally Responsible Person Sign, If Applicable

Date

Physician

Date

DOC 0427 (11/97)

CONFIDENTIAL

NAME: _____

[illegible]

CONFIDENTIAL

8

DENTAL HEALTH QUESTIONNAIRE

NAME: _____ SSN: _____
(LAST) (FIRST) (MI)

FACILITY: _____ DOB: _____ SID: _____

In the following questions, circle yes or no, whichever applies. Your answers are for our records only and will be considered confidential.

- | | | | |
|-----|--|-----|----|
| 1. | Has there been any change in your general health within the past year | YES | NO |
| 2. | My last dental/physical examination was on _____ | YES | NO |
| 3. | Are you under the care of a physician
If so, what is the condition being treated _____ | YES | NO |
| 4. | Have you had any serious illness or operation
If so, what was the illness or operation _____ | YES | NO |
| 5. | Have you been hospitalized or had a serious illness within the past 5 years
If so, what was the problem _____ | YES | NO |
| 6. | Do you have or have you had any of the following diseases or problems: | YES | NO |
| | a. Rheumatic fever or rheumatic heart disease | YES | NO |
| | b. Heart problems (heart trouble, heart attack, coronary insufficiency, coronary occlusion, arteriosclerosis, stroke) | YES | NO |
| | c. High blood pressure | YES | NO |
| | d. Allergy | YES | NO |
| | e. Sinus trouble | YES | NO |
| | f. Asthma or hay fever | YES | NO |
| | g. Fainting spells or seizures | YES | NO |
| | h. Diabetes | YES | NO |
| | i. Hepatitis, jaundice or liver disease | YES | NO |
| | j. Arthritis | YES | NO |
| | k. Inflammatory rheumatism (painful swollen joints) | YES | NO |
| | l. Stomach ulcers | YES | NO |
| | m. Kidney trouble | YES | NO |
| | n. Tuberculosis | YES | NO |
| | o. Low blood pressure | YES | NO |
| | p. Venereal disease | YES | NO |
| | q. AIDS, HIV +, HIV- | YES | NO |
| | r. Other _____ | YES | NO |
| 7. | Have you had abnormal bleeding associated with previous extraction's, surgery, or trauma | YES | NO |
| | a. Do you bruise easily | YES | NO |
| | b. Have you ever required a blood transfusion
If so, explain the circumstances _____ | YES | NO |
| 8. | Do you have any blood disorder such as anemia | YES | NO |
| 9. | Have you had surgery or X-ray treatment for a tumor, growth or other condition of your head or neck | YES | NO |
| 10. | Are you taking any drug or medicine
If so, what _____ | YES | NO |
| 11. | Are you allergic or have you reacted adversely to any medicines | YES | NO |
| 12. | Have you had any serious trouble associated with any previous dental treatment
If so, explain _____ | YES | NO |
| 13. | Do you have any disease, condition, or problem not listed above that you think I should know about
If so, explain _____ | YES | NO |

Signature of patient & date

DOC 0411 (6/97)

CONFIDENTIAL

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: _____ SSN: _____ SID: _____

DOB: _____ FACILITY: _____ DATE: _____ TIME: _____

I, the undersigned patient, refuse the following treatment and/or medication: _____

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility, the Health Care Division, and its medical personnel from any responsibility whatever for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

(Print Name of Patient)

(Signature of Patient)*

(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health.

(Print Name)

(Signature & Title)

(Date)

A referral has been made to the attending physician: YES NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)

(Signature & Title)

(Date)

** If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.*

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)

(Signature & Title)

(Date)

DOC 0417 (3/95)

CONFIDENTIAL

STATE OF HAWAII

DEPARTMENT OF PUBLIC SAFETY

DENTAL PROBLEM SHEET

Name: _____

Facility: _____

	Problem	Date Observed	Date Completed	NOTES
1.				
2.				
3.				
4.				
5.				
6.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

DOC 0475 (6/92)

CONFIDENTIAL

MEDICAL NEEDS MEMO

Facility: _____

Date: _____

TO: _____

FROM: _____

(Signature/Title of Provider)

Inmate _____

(Print Inmate's Name)

Housed in _____

DURATION: _____ Days; _____ Weeks; _____ Months; _____ Indefinitely

Duration not to exceed three months for medication reviews for chronic illnesses.*Health Status Classification Report required if there is a significant change in health status.*

Original: UTM/ACO/Work Supervisor

Canary: Medical Record

Pink: Inmate

DOC 0449 (12/2002)

CONFIDENTIAL

S.I.D.

REASON FOR CONSULTATION:

Requesting Physician _____ M.D.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

M.D.

Consultant's Signature

Original: HCU
Yellow: Consultant's Copy

CONFIDENTIAL